

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF KANSAS**

	)	
	)	
<b>Plaintiff(s),</b>	)	
	)	
<b>v.</b>	)	<b>Case No.</b> _____
	)	
	)	
	)	
<b>Defendant(s).</b>	)	
	)	

**MOTION FOR APPOINTMENT OF COUNSEL  
AND DECLARATION OF GOOD FAITH EFFORTS TO OBTAIN COUNSEL**

I, \_\_\_\_\_, ask the court to appoint counsel, i.e. an attorney to represent me in this case. I understand that any false statements in this motion will subject me to penalties of perjury.

I understand that in civil cases, there is no constitutional right to an appointed attorney. While the court may appoint an attorney to represent me, it does so only in rare cases. I understand that if the court does not appoint an attorney, I must be prepared to represent myself going forward in this case.

I understand that in deciding whether to appoint an attorney, the court will consider a variety of factors, including but not limited to the following: (1) the merits of my claims; (2) the nature and complexity of factual and legal issues raised in the claims; (3) my ability to present the claims; (4) my financial ability to pay an attorney; and (5) my diligence in attempting to secure an attorney.

I understand that with regard to the fifth factor, I must show that I have made a reasonably diligent effort under the circumstances to obtain an attorney to represent me. I understand that the

court's Pro Se Guide (pages 26-27) suggests possible ways to find an attorney and/or obtain legal advice.

I understand that the court typically requires that before seeking an appointed attorney, a plaintiff confer with (not merely contact) at least five attorneys regarding legal representation. Below is a list of the attorneys that I have contacted, a detailed description of the efforts that I made to obtain representation, and the responses that I received:

- (1) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
Response Received \_\_\_\_\_
- (2) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
Response Received \_\_\_\_\_
- (3) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
Response Received \_\_\_\_\_

- 4) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
\_\_\_\_\_  
Response Received \_\_\_\_\_  
\_\_\_\_\_
- (5) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
\_\_\_\_\_  
Response Received \_\_\_\_\_  
\_\_\_\_\_
- (6) Name of Attorney \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) of Contact \_\_\_\_\_  
Method of Contact \_\_\_\_\_  
\_\_\_\_\_  
Response Received \_\_\_\_\_  
\_\_\_\_\_

*(attach additional sheets, if necessary)*

I understand that I am required to establish that I am financially unable to retain my own attorney.

I have already completed and filed an Affidavit of Financial Status.

Yes \_\_\_\_\_ No \_\_\_\_\_

*OR*

I have completed and am now filing an Affidavit of Financial Status along with this motion.

Yes \_\_\_\_\_ No \_\_\_\_\_

In addition to the foregoing, I believe that the court should consider the following additional information:

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*(attach additional sheets, if necessary)*

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_.  
(date)

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

**CERTIFICATE OF SERVICE**  
(For Registered Electronic Filing Users)

I hereby certify that on \_\_\_\_\_, I electronically filed the foregoing document with the clerk of the court by using the CM/ECF system which will send a notice of electronic filing to the following:

*[list parties that are CM/ECF participants: for represented parties list the name and address of attorney(s) for each party; for unrepresented parties list the name and address of each party]*

I further certify that I mailed the foregoing document and the notice of electronic filing by first-class mail, postage prepaid, to the following non-CM/ECF participants:

*[list parties that are not CM/ECF participants: for represented parties list the name and address of attorney(s) for each party; for unrepresented parties list the name and address of each party]*

\_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**CERTIFICATE OF SERVICE**

(For Pro Se Filers Who Are Not Registered Electronic Users)

I hereby certify that on \_\_\_\_\_, I served the foregoing document by depositing a true and correct copy of the document in the U.S. Mail, postage prepaid, addressed to the following:

*[for represented parties list the name and address of attorney(s) for each party;  
for unrepresented parties list the name and address of each party]*

\_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_